

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number. (Optional)
311772000321



In re Application of
Helena P. Selawry et al.

Application Number
08/747,122

Filed
November 8, 1996

For
METHODS OF TREATING DISEASE USING SERTOLI CELLS AND ALLOGRAFTS OR XENOGRAPTS

Group Art Unit
1614

Examiner
C. Delacroix-Muirheid

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- ☐ One month (37 CFR 1.17(a)(1)) \$ _____
- ☐ Two months (37 CFR 1.17(a)(2)) \$ _____
- ☐ Three months (37 CFR 1.17(a)(3)) \$ _____
- ☐ Four months (37 CFR 1.17(a)(4)) \$ _____
- ☒ Five months (37 CFR 1.17(a)(5)) \$1890

- ☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$.
- ☐ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952. ~~I have enclosed a duplicate copy of this sheet.~~ Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.

- I am the
- ☐ applicant/inventor
 - ☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
 - ☒ attorney or agent of record.
 - ☐ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) _____

06/19/2001 EEKUBAY1 00000046 08747122

01 FC:131	710.00 CH
02 FC:103	522.00 CH
03 FC:102	560.00 CH
04 FC:128	1890.00 CH

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

15 June 2001
Date

Signature
Randolph T. Apple
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.